STATE OF COLORADO

COLORADO DEPARTMENT OF AGRICULTURE

Division of Plant Industry

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AGRICULTURE Organic Certification Program

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Reviewed by	Date				

Organic Crop Production Certification Questionnaire

Please fill out this questionnaire if you are requesting initial organic crop production certification or renewal. Use additional sheets if necessary. Attach current farm map(s) detailing all fields with field numbers. On the map(s), identify land use of adjoining fields (i.e., conventional crops, residential area, etc.). Other attachments include Inspection Appointment Form, Field History Sheets, applicable tests for water, soil, and plant tissue and/or residue analyses, if required.

QUESTIONNAIRE MUST BE FULLY COMPLETED AND TYPED OR IN INK

If filling the questionnaire in Adobe Reader or Acrobat - Move your mouse over a field to see any pop-up tips associated with filling in that question.

There are additional fillable fields for questions that need more information at the end of this questionnaire.

Section 1: General In	formation							
Applicant/Company I	Name (This is wha	will be pr	rinted on y	your certi	ficate)	DBA	(if applical	ble)
Owner's Name: Manager's Name:			<u> </u>	Primary Contact's Name:				
Physical Address:		1	City:		State:	Zip	Code:	County:
Mailing Address:			City:		State:	Zip	Code:	County:
Phone:	F	ax:	1		Email:			Check best way to contact you
Year first certified:	List previous orga by other agencies		cation		rent organir agencies:		tification	Do you understand the organic standards? Yes No
Year when last comple	te Organic Crop Pr	oduction (Certificati	on Questi	onnaire wa	as las	t submitted	:
List all crops requested for certification (this list must be complete – if needed attached additional pages)								
For re-certification, were conditions placed on your last year's certification? Yes No Service No S								
y Cas un Conuncino un								
Have you ever been denied certification? If yes, describe the circumstances: No								
Do you have any outstanoncompliances? Yes No	inding If yes, w	hat is the	noncompl	liance(s)?				

Please complete the table transition [T], non-organic acreages listing in this tal each form. The new acre for. At least 36 months of	c [C], field num ble must equal age table shoເ	bers, acres, crop Field Histories a Ild be completed	es planted, projected yind maps. Pastures are for all acerage that you	elds and projectors considered ur operation h	ected total crops and nas not rec	I product must be quested o	tion. The listed on
Existing Acreage							
Crop Requested for Certification	Organic (O) Non-organic (C)	Field Numbers	Total Acres per Crop	Projected Yi	eld/Acre		ected Total roduction
New Acreage							
		Total Acre	es Organic:				
0	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -						
Section 2: History and El The NOP Rules require th	at to be eligible						
as organic must have had							
Have you completed a thr If no, you must complete an	•	•	•	crop produc	tion? ∐ Y	res ∐ N	10
Have you managed all are		-		-		No d by you	for the
past 3 years.						<u> </u>	
Are all fields requested fo Complete this information					ddress:		
FIELD NUMBERS		PARCEL A LEGAL DES		(NO. ACE ORGANIC/CONV		RENTED (R)/ OWNED (O)
		•					

Farm Plan Information

Section 3: Seeds						
organically produced see unless included on the Na	ed must be used for the particular attention of the partic	oroduction of edible engineered / modi se "excluded metho	e sprouts. Synthetic seried (GMO) seeds and ited to refer to GMO pe	mercially available, except, that, eed treatments are prohibited inoculants are prohibited in roducts. Please save all seed and		
LIST ALL SEEDS USED IN			•	No seeds used		
SEED (Include cover crops)	BRAND NAME	TYPE OF TREATME	IS SEED	IF SEED IS NOT ORGANIC YOU MUST PROVIDE DOCUMENTATION OF ATTEMPTS TO SOURCE ORGANIC SEED		
NOTE: The cost of organic	seed is not a valid justi	fication for the use	of non-organic seeds			
managed organically for a Organic seedlings and pl	e produced according to at least one year prior to anting stock <u>mus</u> t be us	organic standards harvest of crop or	sale of the plant as ce	ial plants (planting stock) must be rtified organic planting stock.		
A. IF YOU PURCHASE OF				☐ None purchased		
Seedling Variety	Organic Suppli	er	Supplier's Certification Agent (include a copy of the supplier's current organic certificate)			
B. IF YOU GROW ORGAN	IIC SEEDLINGS ON-FARI	M:		☐ None grown		
What type and size is you				_ ,		
Do you raise potted plants	s or plant the crops directly	in the ground in the	greenhouse?			
If treated wood is used in	n any part of your greenho	use, where is it used	(which part of the struc	ture)?		
greenhouse operation.			•	or planned for use in your organic		
Attach labels and have labe	eis available for inspection	Status:	,	ATTACH ADDITIONAL SHEETS IF NEEDED		
Product	Brand Name or Sor	Approved	(R) If Restricted,	describe compliance with NOP rule		

What inputs (fertilizer, insecticides, etc) are used through your watering system, if any?							
How do you prevent seedling diseases or insect problems?							
C. IF YOU GROW	BOTH ORGANIC AND NON-O	RGANIC PLANTS IN YOUR GREENHOUS	E :		Not applicable		
How do you separate and identify organic and non-organic growing areas?							
How do you pre	event commingling of organic	and non-organic soil mixes during mixin	g and stor	age?			
How do you lab	pel organic and non-organic so	eedlings/plants?					
What inputs (fe	rtilizers, insecticides) are use	d in your watering system?					
How do you pre	event drift of prohibited mater	ials through ventilation and/or watering s	ystems?				
How do you cle	an seedling containers and e	quipment?					
Where do you s	store inputs used for non-orga	nnic production?					
D. PERENNIAL S	TOCK: (Use additional sheets i	f necessary)			Not applicable		
DATE PLANTED	PLANT TYPE	TRANSPLANT SOURCE	ORGANIC	NON- ORGANIC *	EXPECTED HARVEST DATE		
Keep documentat	ion of commercial unavailabil	ity.					
-	plan to graft any perennial cro						
ıı yes, provide deta	ails (location, varieties, graftin	y materiais):					

Section 5: Soil and Crop; F	ertility Management							
The NOP Rule requires active management to build soil fertility, manage plant nutrients, protect natural resources, and prevent soil erosion. A diversified crop rotation is required. All fertility inputs must be approved. A "restricted" input refers to an approved material on the National List that has a specific annotation for its use (see NOP Rule 205.601(j)(1-8), (k) and 205.602(g) and (h). If you use a "restricted" material, you must provide evidence of how you address the annotation. Under NOP Rule 205.201(a)(3), the operator must monitor fertility practices and procedures to verify that the organic plan is effectively implemented. Plant and animals materials (manure, compost, and uncomposted plant materials) must be managed so that they do not contribute to contamination of crops, soil, and water by plant nutrients, pathogenic organisms, heavy metals, or residues of prohibited substances.								
A. GENERAL INFORMATION	ON							
What are your soil types?								
What are your soil/nutrient of	deficiencies? Attach copies o	f test results.		☐ No deficiencies				
☐ soil testing ☐ mic ☐ observation of crop hea ☐ other (specify)	observation of crop health comparison of crop yields crop quality testing							
How often do you conduct f	ertility monitoring? wee	ekly 🔲 moi	nthly 🗌 annually 🗌	as needed				
other (specify)								
What changes do you antici	ur fertility management prog	ement program?	•	eds improvement				
☐ crop rotation ☐ soil an	ents of your soil and crop femendments side dression off-farm manure interplated interplated in the proportion of crop residues over crops used:	ng 🔲 foliar fe		oil inoculants mmer fallow				
-	with a concentration of grea ird-party material evaluation do		☐ Yes ☐ No					
Do you burn crop residues?	Yes 🗌 No If yes, plea	se describe wha	t materials are burned and why	<i>/</i> .				
Do you apply sewage sludge to fields? ☐ Yes ☐ No, If Yes, list fields where applied.								
List all fertility products into	ended for use in the current	season on prop		ole (no fertility inputs used)				
All fertility inputs used during Attach copies of labels.	ng the current year and prev	ious three years	s must also be listed on your					
PRODUCT	BRAND NAME OR SOURCE	STATUS: APPROVED (A) RESTRICTED (R)	REASON FOR USE OF PRODUCT	NUMBER OF APPLICATIONS PER YEAR				

			-				
If you are using any restricted (R) fertility inputs, describe your plan to reduce or eliminate their use:							
If you use fertilizers with hig	gh salt conte	nt (sodium nitra	ate, potassium	sulfate, etc.), how do you prev			
					☐ Not applicable		
D 0							
B. Compost Use. NOP RULE § 205.203(c)(2) r	requires that	the composting	a process mus	∐ Not applica t include an initial C:N ratio of	able (no compost used) between 25:1 and 40:1		
and maintenance of temper	atures betwe	en 131° and 170	0°F for a speci	fic number of days, depending	on the method of		
				rom the compost supplier) to v ts the requirements in § 205.20			
records, it will be considered	ed raw manu	re and must me		est interval when used on prod			
consumption according to Did you purchase compost?							
If yes, attach documentation	n from the su	– ipplier stating t		ts of NOP Rule 205.203(c)(2) ha	ve been met.		
If no, complete the remaining	•						
List all compost ingredients	s and additive	es.					
			Lataca		1 · · · (· · · · · · · · · · · · · · ·		
What composting method d	o you use?	in-vessei	static \square aei	rated pile	her (specify)		
What is the initial C:N ratio	of your comp	oost?					
Do you monitor temperature	e? 🗌 Yes	□ No					
If yes, what temperature is r	maintained?						
How long is this temperatur	e maintainec	d?					
If compost is windrowed, he	ow many time	es are materials	turned?				
C. Manure Use							
				oosted unless applied to fields			
contact with the soil, or 90 c				arvest for crops whose edible prained have the properties.	ortion has direct		
Do you use manure? Ye	s No			-			
What type of crops do you	grow on soils	s to which manu	are is applied (check all that apply)?			
·	•		-	otion whose edible portion has dir	ect contact with the soil		
crops for human consumption whose edible portion does not have direct contact with the soil							
If you grow crops for human consumption and use uncomposted manure, complete the following table. Include manure deposited by grazing livestock.							
Crops		Field Nu	ımbers	Date Manure is Incorporated	Expected Date of Harvest		
					.10.1001		

What is the source of the manure you use?
What is the source of the manure you use? ☐ on-farm ☐ off-farm ☐ both
List all sources of off-farm manure.
List all manure ingredients/additives (bedding materials, etc.).
If you use off-farm sources of manure, what are the potential contaminants (pit additives, feed additives, heavy metals, etc.) from these sources?
Attach residue analysis/additive specifications of off-farm manure if available.
D. Natural Resources NOP Rule 205.200 AND 205.203(a) requires that production practices must maintain or improve the natural resources of the operation, including soil and water quality. Practices must minimize erosion. Water tests are required for nitrate and coliform bacteria if water is used for washing/processing organic products. Irrigation water should not contaminate organic crops with prohibited materials. Methods to conserve water usage should be part of the irrigation plan. Attach water test results if applicable.
How often do you conduct conservation monitoring?
Describe how you monitor the effectiveness of your soil conservation program.
What conservation practices are used? terraces contour farming strip cropping under sowing / inter-planting winter cover crops conservation tillage permanent waterways field windbreaks firebreaks tree line(s) retention ponds riparian management maintain wildlife habitat maintain crop residue reduce fallow green manure / cover crops other (specify)
What soil erosion problems do you experience (why and on which fields)?
Describe your efforts to minimize soil erosion problems listed above.
WATER USE: For what purposes is water used on your operation: irrigation livestock foliar sprays washing crops greenhouse other (specify)
Source of water: on-site well(s) river/creek/pond spring municipal / county irrigation district other (specify)
Name of municipal / irrigation district, if applicable.
Include current water tests for coliform bacteria and nitrates.

Type of irrigation system: ☐ drip ☐ flood ☐ overhead sprinkler ☐ other (spec	cify)	☐ none
What input products (fertilizers, insecticides, etc.) are app	olied through the irrigation systen	n? none
What products do you use to clean irrigation lines/nozzles	s?	none
Is the system shared with another operator? ☐ Yes If yes, what inputs and/or cleaning products do they use?	□ No	
Is the system flushed between non-organic and organic u If Yes, how is the flush documented?	se?	non-organic use)
How often do you conduct water quality monitoring? weekly monthly annually as needed other	specify):	
Describe how you monitor the effectiveness of your water	quality program.	
	· · ·	rensiometer/monitoring
List known contaminants in water supplies in your area. A	Attach residue analysis and / or salir	nity test results if available.
What water contamination problems do you experience (w	vhy and where)?	
Describe your efforts to minimize the water contamination	n problems listed above.	
Section 6: Crop Management The NOP Rule requires a crop rotation plan that maximizes problems, and manages deficient or excess plant nutrients crops and catch crops. Producers must utilize sanitation rests. Cultural practices, including selection of plant specto enhance crop health. Approved synthetic materials on practices are insufficient to prevent or control problems. A input has specific annotations for its use. If you use a "rest the annotation.	s. Your crop rotation may include measures to remove disease vect ties and varieties adapted to site- the National List 205.601 may onl All weed, pest and disease inputs	sod, cover crops, green manure ors, weed seeds and habitat for specific conditions, must be used by be used when management must be approved. A "restricted"
A. CROP ROTATION PLANS:		
CROP ROTATION PLAN (LIST CROP SEQUENCE INCLUDE GREEN MANURE, COVER CROPS AND FALLOW)	FIELD NUMBERS WHERE PLAN IS FOLLOWED	ANTICIPATED CHANGES

B. WEED MANAGEMENT PLAN:							
How often do you conduct weed monitoring? ☐ weekly ☐ monthly ☐ annually ☐ as needed ☐ other (specify)							
How do you monitor the effectiveness of your weed management program? weed counts							
-	bservation of crop health						
☐ records of observations / counts ☐ other (specify)							
What are your problem weeds?							
☐ No weed problems							
What weed control methods do you us							
	tion of weed seed set seeding monitoring						
	eding	weeurig ap-based herbicides					
cover crops green manure crop		,p sacca norsionaec					
	ı utilize these weed control methods, (e.g., dates	s and fields when you cultivate or					
flame weed a specific field?) yes	□ no						
If you use plastic or other synthetic me	ulches, is the mulch removed at the end of the g	rowing or harvest season?					
☐ Yes ☐ No If no, why not?							
If you use newspaper or other recycled	d paper for mulch, do you use paper with glossy	or colored inks? Yes No					
Rate the effectiveness of your weed m	anagement program:	ory needs improvement					
What changes do you anticipate?							
	intended for use in the current season on propo						
control inputs used during the current year and in the previous three years must also be listed on your Field Histories.							
	year and in the previous three years must also	be listed on your Field Histories.					
Attach labels for all inputs. Attach Additional Sheets if Needed.		pplicable (No weed control products used)					
Attach labels for all inputs.		•					
Attach labels for all inputs. Attach Additional Sheets if Needed.	Not a	pplicable (No weed control products used) Status:					
Attach labels for all inputs. Attach Additional Sheets if Needed.	Not a	pplicable (No weed control products used) Status:					
Attach labels for all inputs. Attach Additional Sheets if Needed.	Not a	pplicable (No weed control products used) Status:					
Attach labels for all inputs. Attach Additional Sheets if Needed.	Not a	pplicable (No weed control products used) Status:					
Attach labels for all inputs. Attach Additional Sheets if Needed.	Not a	pplicable (No weed control products used) Status:					
Attach labels for all inputs. Attach Additional Sheets if Needed. Weed problem	Control product	pplicable (No weed control products used) Status: Approved (A), Restricted (R), Prohibited (P)					
Attach labels for all inputs. Attach Additional Sheets if Needed. Weed problem	Not a	pplicable (No weed control products used) Status: Approved (A), Restricted (R), Prohibited (P)					
Attach labels for all inputs. Attach Additional Sheets if Needed. Weed problem If you use restricted weed control input C. PEST MANAGEMENT PLAN:	Control product Control product Its, describe your plan to reduce or eliminate the	Status: Approved (A), Restricted (R), Prohibited (P)					
Attach labels for all inputs. Attach Additional Sheets if Needed. Weed problem If you use restricted weed control input	Control product Control product Its, describe your plan to reduce or eliminate the	pplicable (No weed control products used) Status: Approved (A), Restricted (R), Prohibited (P)					
Attach labels for all inputs. Attach Additional Sheets if Needed. Weed problem If you use restricted weed control input C. PEST MANAGEMENT PLAN: How often do you conduct pest monitor	Control product Control product Its, describe your plan to reduce or eliminate the	Status: Approved (A), Restricted (R), Prohibited (P)					
Attach labels for all inputs. Attach Additional Sheets if Needed. Weed problem If you use restricted weed control input C. PEST MANAGEMENT PLAN: How often do you conduct pest monitor	Control product Its, describe your plan to reduce or eliminate the pring? weekly monthly annually	Status: Approved (A), Restricted (R), Prohibited (P)					
Attach labels for all inputs. Attach Additional Sheets if Needed. Weed problem If you use restricted weed control input C. PEST MANAGEMENT PLAN: How often do you conduct pest monito other (specify) How do you monitor the effectiveness	Control product Its, describe your plan to reduce or eliminate the pring? weekly monthly annually	pplicable (No weed control products used) Status: Approved (A), Restricted (R), Prohibited (P) Pir use: as needed					
Attach labels for all inputs. Attach Additional Sheets if Needed. Weed problem If you use restricted weed control input C. PEST MANAGEMENT PLAN: How often do you conduct pest monitor other (specify) How do you monitor the effectiveness insect monitoring with traps of crop quality testing monitoring	Control product Control product Control pro	pplicable (No weed control products used) Status: Approved (A), Restricted (R), Prohibited (P) Pir use: as needed					
Attach labels for all inputs. Attach Additional Sheets if Needed. Weed problem If you use restricted weed control input C. PEST MANAGEMENT PLAN: How often do you conduct pest monitor other (specify) How do you monitor the effectiveness insect monitoring with traps of	Control product Control product Control pro	pplicable (No weed control products used) Status: Approved (A), Restricted (R), Prohibited (P) Pir use: as needed					
Attach labels for all inputs. Attach Additional Sheets if Needed. Weed problem If you use restricted weed control input C. PEST MANAGEMENT PLAN: How often do you conduct pest monitor other (specify) How do you monitor the effectiveness insect monitoring with traps of crop quality testing monitoring thave copies of any test results available to the work of the pests?	Control product Control product Control pro	pplicable (No weed control products used) Status: Approved (A), Restricted (R), Prohibited (P) Pir use: as needed					
Attach labels for all inputs. Attach Additional Sheets if Needed. Weed problem If you use restricted weed control input C. PEST MANAGEMENT PLAN: How often do you conduct pest monitor other (specify) How do you monitor the effectiveness insect monitoring with traps of crop quality testing monitoring Have copies of any test results available to the copies of any test results available to monitoring insects (list)	Control product tts, describe your plan to reduce or eliminate the pring? weekly monthly annually annually of your pest management program? Esservation of crop health comparison of croping records kept other (specify) for inspection. No pest problems	pplicable (No weed control products used) Status: Approved (A), Restricted (R), Prohibited (P) Pir use: as needed					
Attach labels for all inputs. Attach Additional Sheets if Needed. Weed problem If you use restricted weed control input C. PEST MANAGEMENT PLAN: How often do you conduct pest monitor other (specify) How do you monitor the effectiveness insect monitoring with traps of crop quality testing monitoring thave copies of any test results available to the work of the pests?	Control product Control product	pplicable (No weed control products used) Status: Approved (A), Restricted (R), Prohibited (P) Pir use: as needed					

What strategies do you use to	control pest damage to field crops?	☐ None			
crop rotation selection o	f plant species/varieties	nies			
☐ timing of planting ☐ comp	anion planting ☐ hand picking ☐ monitoring ☐ trap c	rops			
physical barriers physica	l removal ☐ traps ☐ lures ☐ IPM ☐ insect repellents				
☐ animal repellents ☐ release of predators/parasites of pest species ☐ use of approved products					
☐ use of restricted products ☐ limited use of prohibited products ☐ other (specify)					
Do you keep a record of how often you utilize these pest control methods, (e.g., dates when you scout or apply inputs to a specific field or crop)? Yes No					
Rate the effectiveness of your p	est management program: excellent satisfactory ne	eds improvement			
What changes do you anticipate?		•			
vivial changes as year anticipate.					
	ed or intended for use in the current season on proposed organicurrent year and in the previous three years must also be listed o				
Attach Additional Sheets if Needed.	□ Not applicable (N	No pest control products used)			
PEST	CONTROL PRODUCT	STATUS: APPROVED (A)			
PROBLEM	(Row cover, mulch, and cover crops included)	RESTRICTED (R)			
If you use restricted pest manage	gement control inputs, describe your plan to reduce or eliminate	their use:			
D DISEASE MANAGEMENT DI	ANI.				
D. DISEASE MANAGEMENT PLA How often do you conduct disea		as needed			
<u> </u>	ise momentum: weekly intoliting annually	as necucu			
other (specify)					
How do you monitor the effective	eness of your disease management program?				
soil testing microbiolo					
observation of crop health	comparison of crop yields crop quality testing				
monitoring records kept					
Have copies of any test results ava					
What are your problem crop dis	·				
☐ No disease problems					
What disease prevention strate	-	☐ None			
□ crop rotation □ field san		ing/cultivating			
	nanagement companion planting compost/tea use	atoriale			
use of approved materials	use of restricted materials limited use of prohibited ma	alciidis			
other (specify) Rate the effectiveness of your d	isease management program.	Oncode improvement			
What changes do you anticipate?	isease management program: excellent satisfactory	needs improvement			
what changes do you anticipate?					

List all disease management inputs used or intended for use on proposed organic fields / crops. All disease control inputs used during the current year and in the previous three years must also be listed on your Field Histories.							
Attach Additional Sheets	if Needed		Not Appli	cable (No disease n	nanagement inputs used)		
Disease Problem	1	Cor	ntrol Product		Status: Approved (A) Restricted (R)		
If you use restricted d	lisease prevention inputs, o	describe you	r plan to reduce or	eliminate their use	:		
Section 7: Maintenance	of Organic Integrity						
A. ADJOINING LAND US to prevent the unintendent adjoining land not under	SE: The NOP RULE requires ed application of a prohibit or organic management. Ad nange annually, depending	ed substance joining land	e or contact with a _l includes cropland,	orohibited substar pastures, resident	nce that is applied to ial property, fallow land,		
minimum buffer size red (windbreaks, diversion Crops within the require	quirement, the NOP Rule re ditches) to prevent the unir ed buffer must be left unhal ent crop disposition. Indicat	quires that the ting the quires that the quires the quires the quires that the quires t	he buffer must be s act by prohibited so arvested, stored, an	ufficient in size or ubstances applied d disposed of as n	other features to adjacent land areas. ion-organic crop, with		
	u use to prevent accidental highway departments adjoining landowners	electric comp	on of organic crops panies aerial sp (FSA) office oth	ray companies/airpo	☐ None orts		
Do you post signs along	g roadsides that adjoin org	anic fields? [☐ Yes ☐ No				
How do you monitor for ☐ Visual observation ☐	crop contamination:] residue analysis GMO	testing	photographs 🔲 wir	nd direction/speed c	data		
other (specify)							
	uct crop contamination mo annually as needed	•	pecify)				
List specific buffer areas (Buffers and adjoining land	around your fields I uses must also be shown or	n field maps)			☐ No buffers used		
Location/Field Numbers	Type of Buffer (e.g. roadway, unfarmed ground, cropland*, grass strip, etc.)	Width of Buffer	Adjoining land use		d from buffer, describe use livestock feed, seed, etc)		

If crops are harvested from the buffer zones with the same equipment used for harvesting organic crops, what safeguards do you use to protect organic crops from contact with buffer crops.

B. PARALLEL AND SPLIT PRODUCTION: Do you grow the same crops organically and non-organically (including transition crops)? Yes No If Yes, complete the tables below.						
Which category best describe	s your curr	ent operat	tion?			
☐ 100% organic ☐ predon	ninantly orga	nic [] predominantly conve	entional	crop produ	uction
If you farm conventionally, do	you plan to	fully conve	rt to 100% organic pro	oductio	n? 🗌 Yes	☐ No ☐ N/A (no conventional acres)
If Yes, what is your plan and	ime frame fo	or conversi	on to organic producti	on?		
If you grow any conventional cr	ops, please	fill out the	following table			☐ Not applicable
SPECIFIC CROPS/VARIETIES	FIELD NOS.	CHECK IF GMO	ORGANIC VARIETY OF SAME CROP	TOTAL	ACREAGE	PLANNED USE AND/OR STORAGE AREAS
List all fertilizers and soil ame	ndments u	sed for co	nventional production	n:		☐ Not applicable
PRODUCT NAME		APPLIES? CUSTOM (C)	FIELD NUMBERS WI APPLIED	HERE	(ON-F	WHERE STORED? ARM OR OFF-FARM; WHERE ON FARM?)
List all herbicides/pesticides	used for co	nventiona	I production:			☐ Not applicable
PRODUCT NAME		APPLIES? CUSTOM (C)	FIELD NUMBERS WE APPLIED	HERE	(ON-F	WHERE STORED? ARM OR OFF-FARM; WHERE ON FARM?)

			organic crop production must be fre risk from oil, fuel, and hydraulic flui	
			risk from oil, fuel, and nydraulic flui use on organic fields or crops. Keep	
List equipment used for p	olanting, tillage	, spraying and harvesting (includes tractors, trucks, etc):	☐ Not applicable
EQUIPMENT NAME/TYPE	OWNED (O), RENTED (R), CUSTOM(C)	CHECK (√) IF USED ON BOTH ORGANIC & CONVENTIONAL (includes transitional operations/fields)	HOW IS EQUIPMENT CLEANED BEFORE US If equipment is sanitized p if clear water rinse	lease indicate
ls your equipment mainta	ined so that fu	el, oil and hydraulic fluid de	o not leak? Yes No Not a	applicable
If you use a sprayer (on o	rganic crops o	r fields)		☐ Not applicable
List type Did you p	ourchase it new	(N) or used (U)?		
Other equipment: Could a	any equipment y	ou use have been contamina	ated by previous uses?	0
If yes, describe:				

D. HARVEST: NOP Rule 205.272(b)(1) and (2) require that containers, bins, and packaging materials must not contain synthetic fungicides, preservatives, or fumigants. All reusable containers must be thoroughly cleaned and pose no risk of contamination prior to use.
How are your organic crops harvested? ☐ mechanical ☐ by hand Are any organic crops custom harvested? ☐ Yes ☐ No
If yes provide name and address of custom harvester:
Describe steps taken to protect organic crops from commingling and contamination during harvest:
What containers are used for harvesting? ☐ gravity wagons/boxes ☐ truck boxes ☐ cardboard/waxed boxes
☐ wooden totes ☐ plastic containers ☐ other (specify)
Are containers new or used? New used if used, what did they contain prior to organic use?
Are containers cleaned prior to organic crop harvesting? ☐ Yes ☐ No ☐ N/A
If sanitized is a clear water rinse used?
Are the containers used for organic crops only? ☐ Yes ☐ No
What potential contamination or commingling problems do you have with harvest or transport of organic crops? \Box None
E. POST-HARVEST HANDLING: NOP Rule 205.201(a)(5) requires that post-harvest handling procedures do not contaminate organic products with non-organic crops, residues or prohibited materials.
NOP Rule 205.201(a)(5) requires that post-harvest handling procedures do not contaminate organic products with non-
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	organic and non-organic crops in separate storate amination. Storage records must be maintained		prevent	☐ No organic crop storage
STORAGE ID#	TYPE OF CROPS STORED	TYPE OF STORAGE	CAPACITY	ORGANIC (O) OR CONVENTIONAL (C)
Do you use the san	ne storage areas for organic and non-organic o	rops? 🗌 Yes	□No	
If yes, how do yo	ou segregate organic crops from non-organic crop	s?		
If yes, how do yo	ou clean storage units prior to storage of organic c	crops?		
How do you preven	t/control insect pests in stored organic crops?	•		☐ No insect problems
How do you contro	I rodents in organic crop storage areas?			☐ No rodent problems
What stored crop in	nputs have you used in the last three years?			☐ None
synthetic fum	nigants	ripeners	growth regula	tors
☐ preservatives	s 🗌 oils 📗 coloring agents 🗎 waxes 🔲 🛭	Diatomaceous ea	arth other	
Are any stored crop	inputs used or planned for use on organic cro	ops or in organ	ic storage area	s this year?
☐ Yes ☐ No				
If Yes, list inputs	s and retain labels:			

G. TRANSPORTATION:	☐ Not applicable
Who is responsible for arranging transportation of organic products:	
☐ self ☐ buyer ☐ other	
— — · · · —	
Describe how organic products are transported (from field/harvest/storage to sale):	
What potential contamination or commingling problems do you have with the transport of organic crops	?
none describe	
What steps are taken to protect the integrity of organic products during transport?	
☐ dedicated organic only ☐ inspecting transport units prior to loading ☐ cleaning transport units prior to	loading
use of Clean Truck Affidavits letter/contract with transport company stating organic requirements	
other (specify)	
How are methods of protecting organic product integrity during transport documented?	
Have this documentation available for inspection	
Section 8: Record Keeping System	
NOP Rule requires that records disclose all activities and transactions of the operation, be maintained for	5 years, and
demonstrate compliance with the NOP Rule. Organic products must be tracked back to the field/location w	
produced/harvested. All records must available to view and/or copy. RECORDS:	
Which of the following records do you keep for organic production?	
☐ field maps ☐ field activity log(s)	
☐ machine use log(s) ☐ field histories (crops grown and dates and rates of all inputs applied)	
planting records (dates and seeding rates)	
documentation of previous land use for rented and/or newly purchased land	
☐ input records for soil amendments, seeds, manure, foliar sprays and pest control products (keep all labels)	
documentation of attempts to source organic seeds and/or planting stock	
documentation of organic seedlings	
residue analyses of inputs (i.e., manure sourced off-farm)	
compost production records	
monitoring records (soil tests, tissue tests, water tests, quality tests, observational)	
equipment cleaning records	da)
☐ harvest records that show field numbers, date of harvest and harvest amounts (including custom harvest records ☐ labor records	15)
storage records that show storage location, storage identification, field numbers, amounts stored, and cleaning	activities
☐ clean transport records	
sales records (purchase order, contract, invoice, cash receipts, cash receipt journal, sales journal, etc.)	
shipping records (scale ticket, dump station ticket, bill of lading)	
☐ transaction Certificates	
audit control summary	
other (please specify)	
How long do you keep your records?	

Which of the following records do you keep for non-organic production? Not applicable (no non-organic production)			
☐field maps ☐labor records ☐field history sheets ☐storage records			
□input records □sales records □harvest records □shipping records			
complaints to operators other (specify)			
Type of marketing (how do you sell your products):			
☐farmers market ☐direct to retail ☐contract to buyer ☐CSA/subscription service ☐wholesale			
□on-farm retail □bulk commodities to processor □other (specify)			
Do you use or plan to use the USDA organic seal on product labels or market information? Yes No			
Do you use or plan to use the Colorado Department of Agriculture Organic Certification Program Seal? 🗌 Yes 🗌 No			
Do you use or plan to use any other seals or labels on organic products? Yes No If yes, describe seals/labels, on what products they are used and under what circumstances they are used.			
Attach copies of all organic product labels			

In the development of this questionnaire we have tried to provide an opportunity to include all items required in the organic systems plan as required in § 205.201, organic production and handling system plan. § 205.201 states that: (a) The producer or handler of a production or handling operation, except as exempt or excluded under §205.101, intending to sell, label, or represent agricultural products as "100 percent organic," "organic," or "made with organic (specified ingredients or food group(s))" must develop an organic production or handling system plan that is agreed to by the producer or handler and an accredited certifying agent. An organic system plan must meet the requirements set forth in this section for organic production or handling. An organic production or handling system plan must include: (1) A description of practices and procedures to be performed and maintained, including the frequency with which they will be performed. If through the completion of this questionnaire there are any practices or procedures that you perform that have not be described or documented include them here. (2) A list of each substance to be used as a production or handling input, indicating its composition, source, location(s) where it will be used, and documentation of commercial availability, as applicable; If through the completion of this questionnaire there are any substances that are used that have not been listed and documented, include them here and describe their composition, source, location where used and documentation of commercial availability if applicable. (3) A description of the monitoring practices and procedures to be performed and maintained, including the frequency with which they will be performed, to verify that the plan is effectively implemented; If through the completion of this questionnaire there are monitoring practices and procedures that you perform and maintain that are not listed and documented, include them here and describe the frequency they are performed. This may include how you train and monitor employees to ensure they follow appropriate practices for organic production. (4) A description of the recordkeeping system implemented to comply with the requirements established in §205.103; if during the completion of this questionnaire there are recordkeeping items that have not been described and documented that should be to comply with the recordkeeping keeping requirements in §205.103, make sure they are included here. (5) A description of the management practices and physical barriers established to prevent commingling of organic and non-organic products on a split operation and to prevent contact of organic production and handling operations and products with prohibited substances; if any management practices or physical barriers have not been described include them here. (6) Include any additional information that will help the Colorado Department of Agriculture determine if your operation meets the NOP rules. Attach additional sheets if this is needed.

Section 9: Affirmation I affirm that all statements made in this application are true and correct. No prohibited products have been applied to any of my organically managed fields during the three-year period prior to projected harvest. I understand that the operation may be subject to unannounced inspection and/or sampling for residues at any time as deemed appropriate to ensure compliance with the NOP Rules. I understand that acceptance of this form in no way implies granting of certification by the Colorado Department of Agriculture. I agree to follow all the applicable organic standards set forth in the National Organic Program regulations, 7 CFR Part 205. Signature of Operator: __ Date: The business is operating as a: Sole Proprietorship Partnership Corporation **Date Incorporated:** ☐ Other Describe: List the person(s) authorized to receive and accept service of summons and legal notices of all kinds for the applicant in the state of Colorado. Title: Name: **Complete Address:** I have attached the following additional documents: Notices of non-compliance or denial of certification from other certifying agencies Description of corrective actions taken regarding previous non-compliance(s) and evidence of such actions Maps of all parcels/fields (showing adjoining land use, buffers and field identification) Field history sheets (with letter of three-year history for fields owned or rented for less than three years) Documentation of fields owned or rented for less than three years, if applicable ☐ Water test, if applicable ☐ Soil and/or plant tissue tests, if applicable Residue analyses, if applicable Input product labels, if applicable Organic product labels, if applicable ☐ Inspection Appointment Form with directions to inspection location Others - please list: I have made copies of this form and other supporting documents for my own records. Submit completed application, fees and supporting documentation to: COLORADO DEPARTMENT OF AGRICULTURE **Division of Plant Industry** 700 Kipling Street, Suite 4000 Lakewood, Colorado 80215-8000

Space for additional information
Applicant/Company Name
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PAGE 1

Question: List all crops requested for certification.

All crops that you are wanting to have certified. For example, wheat, apples, carrots, seedlings. Question: For re-certification, were conditions placed on your last year's certification? The conditions will be listed on the letter given after the final review and with the certificate

Question: Were all conditions addressed?

Did your operation submit the necessary information to the CDA to deal with the above listed conditions?

Question: Have you ever been denied certification? If yes, describe the circumstances.

Describe the circumstances surrounding the denial of certification

Do you have any outstanding noncompliances? If yes, what is the noncompliance(s)?

Non-compliances and conditions are not the same. Address the non-compliances from the letter given after the final review. Attach documentation if necessary

PAGE 2

Farm Plan Information Table:

- 1. This must include all fields and all crops.
- 2. This table must correlate with the Field History Sheet.
- 3. The intention of this table is to illustrate you <u>plan</u> for the current certification season/year. This plan must match plan detailed on Field History Sheet,
- 4. Possible records that may be requested during the certification process include: field maps, spreadsheet or calculations for yield goals, input records including nutrient and pest management application records.

Column: Organic, Transitional, Non-Organic

List the status of the field for the current year. This should correlate with the Field History Sheet.

Column: Field Number

This number/letter should be the same one listed on the field map and Field History Sheet.

Column: Total Acres per Crop

Estimate the total amount of acreage for this crop. This information could be used for an audit.

Column: Projected Yield per Acre

Estimate the yield for the crop listed at the end of the growing season. This information may be used for an audit.

Column: Projected Total Production

Multiply Total Acres per Crop by Projected Yield per Acre to find the Projected Total Production.

Field: Total Acres Organic

Add the organic Total Acres per Crop together to find the Total Acres Organic amount.

Section 2 History and Eligibility:

Question: Have you completed a three-year history form for all sites used for organic crop production?

This is referring to the Field History Sheet.

Question: Have you managed all areas intended for organic crop production for 3 or more years?

If NO, a Land Use Affidavit must be included within your OSP.

History and Eligibility Table:

Possible records that may be requested during the certification process include: land use affidavit.

PAGE 3

Section 3 Seeds Table:

- Documentation is required that demonstrates your efforts to locate an organic seed source,
- 2. A call log to 3 <u>suppliers that typically have organic seed available</u> is acceptable to demonstrate lack of available supply, variety or quality. The organic seed non-availability documentation' form will supply this information. MUST ASK FOR ORGANIC CERTIFICATE FROM SEED SUPPLIER.
- 3. Possible records that may be requested during the certification process include: seed purchase invoice, phone log or email documentation used in search for acquiring organic seed.

Section 4A If You Purchase Organic Seedlings Table:

- 1. Seedling supplier must have certified seedlings (i.e. on page 1 in the Crops Requested for Certification table seedlings must be listed on the supplier application). Therefore, it is understood that the seedlings are in fact certified organic.
- 2. If no seedlings are used, please check the `not applicable' box.
- 3. Possible records that may be requested during the certification process include: log of inquiries for acquiring organic seedlings'.

PAGE 3 (Continued)

Section 4B If You Grow Organic Seedlings On-Farm:

Question: What type and size is your greenhouse

List the type of structure (Quonset, Modified A-Frame, etc..) and the square footage.

Question: Do you raise potted plants or plant directly in the ground in the greenhouse?

If plant directly into the ground, you must have a land use affidavit or Field History Sheet attached to the plan that shows there were no prohibited substances used on the land/area for the last 36 months.

Question: If treated wood is used in any part of your greenhouse, where is it used (which part of the structure)? Explain where the wood is located, what it is treated with and if it comes into contact with organic product.

If You Grow Organic Seedlings On-Farm Table:

- 1. Check the NOP rules 205.601 and 205.602 to help you justify use of restricted materials,
- 2. The following may be input as an example in the table columns: product- oil, brand name-xxx neem, status R (for restricted), describe compliance 205.601 a6, oils horticultural narrow range oils as dormant, suffocating and summer oils.
- 3. Please check `not applicable' box if this section is not applicable for your operation,
- 4. Possible records that may be requested during the certification process include: product labels Xeroxed from product containers (Not MSDS forms) for all system inputs (soil, fertility, pests, greenhouse, etc.)

Column: Brand Name of Source *List the name of the input or supplier.*

Column: If Restricted, describe compliance with NOP rule Cite the NOP rule that applies to the use of this substance.

PAGE 4

Section 4C If You Grow Both Organic and Non-Organic Plants in Your Greenhouse:

If this section does not pertain to your operation check the not applicable box.

- 1. Consistent use of organic vs. non-organic `side' of greenhouse or bench is OK. These distinct areas must be clearly differentiated and preferentially labeled so all staff is aware of the designation,
- 2. Possible records that may be requested during the certification process include: map of greenhouse that includes all storage cabinets/drawers and planting and spraying records that contain location information.

Section 4D Perennial Stock Table:

- 1. This table helps demonstrate that stock is organic or that non-organic stock will not be harvested as certified organic product for at least 12 months while being maintained organically. For example: supply documentation that no organic strawberry stock was available at time of purchase. Use similar call or email logs. Since this strawberry plant stock must not be harvested and sold as an organic product prior to the end of the 12 month period, please include harvest and sales records to demonstrate this.
- 2. Please check the 'not applicable' box if this does not apply to your operation.
- 3. Possible records that may be requested during the certification process include: organic certificate from the seller or invoice for purchase of organic or non-organic plans and harvest logs.

PAGE 5

Section 5 General Section (A):

Question 1: What are your soil types?

Please provide general soil information here and more specific information later. This question is requesting your general soil type. For example: clay, silt, loam, etc.,

Question 2: What are your soil/nutrient deficiencies?

Please identify any perennial challenges you have with your operation such as fertility, erosion, etc.

Question 3: How do you monitor the effectiveness of your fertility management program?

Please do not forget to fill in how you monitor the effectiveness of your fertility management plan.

Question 4: List all green manure and cover crops used.

All green manure and cover crop seeds that are used in your operation must be also included in the seed list in section 3.

Table: List all products intended for use in the current season on proposed organic fields.

- 1. All fertility inputs must be listed here (including manure, foliar sprays, compost, teas, etc.),
- 2. Please check the `no deficiencies' box if your fields do not have nutrient deficiencies,
- 3. Possible records that may be requested during the certification process include: records from compost supplier are required to demonstrate the time/temperature during the composting process and fertility product labels (no MSDS sheets)

PAGE 6

Section 5B Compost

Question: List all compost ingredients and additives

If you purchase the compost, attach letter to this questionnaire and write here `See attached letter'. The letter received from the supplier should show the initial C:N ratio, temperature, etc..

PAGE 7

Section C Manure Use Table:

- 1. All crops grown for human consumption must be listed here if <u>non-composted</u> manure is part of the fertility plan. This table is designed to determine if all crops grown for human consumption have met the 120 day minimum time elapse from time of application/or deposition to harvest.
- 2. This minimum time of 120 days applies to manure deposited by grazing livestock on cropping areas where products are being grown for human consumption.
- 3. Possible records that may be requested during the certification process include: a letter stating that the manure used by your operation was supplied by ______ supplier.

Section D Natural Resources:

- 1. Even if no natural resource problem exists, producer must fill out this box to demonstrate consistent monitoring and planning.
- 2. Please add all cover crop seed listed in this section to the section 3 seed table.
- 3. Possible records that may be requested during the certification process include: soil test records and any conservation records used to monitor system.

Section D Water Use:

- 1. All questions in this section must be completed to illustrate producer monitoring of water use and quality.
- 2. Possible records that may be requested during the certification process include: water test results, documentation for any products used.

PAGE 8

Section 6A Crop Management:

1. All cropping systems including orchards should have cover crops listed. If you are listing cover crops please make sure the seeds are listed in section 3.

PAGE 9

Section 6B Weed Management Plan:

- 1. Every question in this section MUST be completed even if you check the `no weed problems' box.
- 2. Pay particular attention to the question about annual removal of synthetic (plastic, for example) mulch. Annual removal of synthetic mulches is a mandatory cultural practice for certified organic field management.
- 3. Possible records that may be requested during the certification process include: weed management product labels, weed monitoring record.'

Question: If you use plastic or other synthetic mulches, is the mulch removed at the end of the growing or harvest season? If no, explain the circumstances surrounding why the mulch is not removed.

Section 6B Weed Management Plan Table

If your operation does not use weed control inputs then check the Not applicable box Column: Control product

Include mulches and cover crops.

Cite the NOP Rule for the approved or restricted input mentioned.

Section C Pest Management Plan:

- 1. Every question must be filled out even if you check the `no pest problems' box.
- 2. Daily field walks and scouting should be listed if this is a method used by producer to assess pest pressure.

PAGE 10

Section D Disease Management Plan:

Every question must be answered even if you check the `no disease problems' box.

Possible records that may be requested during the certification process include: product labels, field observation records, lab tests for plant tissue samples or soil samples.

Question: Rate the effectiveness of tour disease management program.

It is required that you document how you monitor the effectiveness of your disease management plan. Please do not forget to fill in this question.

Question: How often do you conduct disease monitoring?

Field walks suffice for this scouting exercise.

Question: Rate the effectiveness of your disease management program? What changes do you anticipate?

If your plan rating is less than excellent, what changes will you make to try to make it an excellent rating?

PAGE 11

Disease Management Plan Input Table

Column: Disease Problem

List disease issue

Column: Control Product

Name of the product you use to control the listed disease

Column: Status Approved Restricted

Cite the NOP Rule for the approved or restricted input mentioned

Section 7A Maintenance of Organic Integrity:

Question: What safeguards do you use to prevent accidental contamination of organic crops?

Please attach letters to above-mentioned offices for review with your application.

Question: How do you monitor for crop contamination

This question should be completed even if no safeguards are in place.

Question: How often do you conduct crop contamination monitoring?

This question should be completed even if no safeguards are in place.

Table: List specific buffer areas around your fields.

Field maps should show all buffer areas.

PAGE 12

Section 7B Parallel and Split Production:

Question: Which category best describes your current operation?

For the Predominantly organic choice - Predominantly means 60% or more of your operation is organic.

PAGE 13

Section 7C Equipment Table: List equipment used for planting, tillage, spraying and harvesting (includes tractors, trucks, etc)

- 1. Please be specific when describing ALL equipment used on conventional/organic split farms and transitional farms.
- 2. Please provide detailed equipment clean out information in the last column in table.
- 3. Possible records that may be requested during the certification process include: equipment clean-out logs.

PAGE 14

Section 7D Harvest:

Question: What potential contamination or commingling problems do you have with harvest or transport of organic crops?

1. Please be sure to fill out this question by adding detail or checking the `none' box.

PAGE 15

Section 7F Crop Storage:

Question: Do you use the same storage areas for organic and non-organic crops?

- 1. If yes, how do you segregate organic crops from non-organic crops? Please indicate how you label the bins or containers to guarantee that they are not contaminated with non-organic products.
- 2. Please remember to label grain bins and silos with appropriate organic or conventional labels.
- 3. Possible records that may be requested during the certification process include: map with labeled areas for organic and non-organic products.

PAGE 16

Section 7G Transportation:

1. Please include affidavits for all transportation questions that apply.

Section 8 Record Keeping System:

Question: How long do you keep your records?

This must say 5 years and truly represent your actions in order to be granted certification.

PAGE 17

Section 8 Record Keeping System:

Question: Do you use or plan to use the USDA organic seal on product labels or market information?

Include all product labels.

Question: Do you use or plan to use any other seals or labels on organic products?

This includes Colorado Proud labels.

PAGE 18

This page provides space to include any other information about your operation and management strategies that you have not yet had the opportunity to explain or address.